



## State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

091147769

9521248

12-30-2009

WARREN C. HAVENS

2649 BENVENUE AVE. #2

BERKELEY

CA 94704

ATTN: X

DESCRIPTION	AMOUNT
20094167661 -	
UCCXT Plain Copy, Single Filing	
UCC Copy Page Fee	12.00
FILING TOTAL	12.00
20094167679 -	
UCCXT Plain Copy, Single Filing	
UCC Copy Page Fee	10.00
FILING TOTAL	10.00
20094167703 -	
UCCXJ Plain Copy, UCC1 History	
UCC Copy Page Fee	16.00
Expedite Fee, 24-Hour UCC	25.00
FILING TOTAL	41.00
20094167745 -	
UCCXJ Plain Copy, UCC1 History	
UCC Copy Page Fee	14.00
FILING TOTAL	14.00
20094167778 -	
UCCXT Plain Copy, Single Filing	
UCC Copy Page Fee	10.00
FILING TOTAL	10.00
20094167786 -	
UCCXJ Plain Copy, UCC1 History	
UCC Copy Page Fee	16.00
FILING TOTAL	16.00
TOTAL CHARGES	103.00
CHARGED TO ACCOUNT	103.00

# INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) <b>Warren Havens 510-841-2220 x30</b>	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)  <b>Warren Havens</b>  <b>2649 Benvenue Ave.</b> <b>Berkeley, CA 94704</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME (to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names)

1a. ORGANIZATION'S NAME <b>MOBEX COMMUNICATIONS, INC.</b>	OR		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE ☐ CERTIFIED (Optional)  
Select one of the following two options: ☐ ALL (Check this box to request a response that is complete, including filings that have lapsed.) ☐ UNLAPSED

2b. COPY REQUEST ☐ CERTIFIED (Optional)  
Select one of the following two options: ☐ ALL ☐ UNLAPSED

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
5261705 9	08/23/2005	UCC: initial filing, any amendment & all attachments
5225764 1	07/21/2005	UCC: initial filing, any amendment & all attachments
4033172 0	02/06/2004	UCC: initial filing, any amendment & all attachments
2007 1944957	05/23/2007	UCC: assignment, any amendment & all attachments
2007 1944940	05/23/2007	UCC: assignment, any amendment & all attachments
4031376 9	02/05/2004	UCC: initial filing, any amendment & all attachments

3. ADDITIONAL SERVICES:

Please see cover sheet.

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. ☐ Pick Up

4b. ☒ Other FedEx overnight delivery--see cover sheet for account information and credit card info.  
Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addresser's account # with delivery service, addresser's phone #, etc.)

# INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
Warren Havens 510-841-2220 x30	
B. RETURN TO: (Name and Address)	
Warren Havens	
2649 Benvenue Ave.	
Berkeley, CA 94704	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names:

1a. ORGANIZATION'S NAME			
OR	MOBEX COMMUNICATIONS, INC.		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in Item 1:

2a. SEARCH RESPONSE	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.) <input type="checkbox"/> UNLAPSED	
2b. COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED	
2c. SPECIFIED COPIES ONLY	<input type="checkbox"/> CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
2007 2167137	05/25/2007	UCC: assignment, any amendment & all attachments
4001832 7	01/05/2004	UCC: initial filing, any amendment & all attachments
0030309	05/16/2000	UCC: initial filing, any amendment & all attachments
1042922	05/11/2001	UCC: termination, any amendment & all attachments
030309	05/16/2000	UCC: initial filing, any amendment & all attachments
0029153	05/11/2001	UCC: termination, any amendment & all attachments

3. ADDITIONAL SERVICES:

Please see cover sheet.

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Item B unless otherwise instructed here):

- 4a. ☐ Pick Up
- 4b. ☒ Other **RedEx overnight delivery**—see cover sheet for account information and credit card info.

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

DE 508

State of Delaware  
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC - 1

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

If to be filed with Recorder of Deeds Indicate Tax Parcel No.(s) \_\_\_\_\_

No. of additional sheets presented ①

PARTIES		PARTIES	
Debtor (or Assignor) (last name first if individual) and mailing address: Mobex Communications, Inc. 3875 Mount Diablo Boulevard Suite 110 Lafayette, California 94549		Secured Party(ies) (last name first if individual) and address: FINOVA Capital Corporation, as Agent 4800 North Scottsdale Road Scottsdale, Arizona 85251-7623	
Debtor (or Assignor) (last name first if individual) and mailing address:		Assignee (if any) of Secured Party(ies) and address of Assignee:	
<p>This statement is filed without the Debtor's signature to perfect a security interest in collateral (check X in applicable box(es))</p> <p><input type="checkbox"/> Already subject to a security interest in another jurisdiction when it was brought into this State.</p> <p><input type="checkbox"/> Already subject to a security interest in another jurisdiction when the Debtor's location changed to this State.</p> <p><input type="checkbox"/> Which is proceeds of the original collateral described below in which a security interest is perfected.</p> <p><input type="checkbox"/> Acquired after a change of name, identity or corporate structure of Debtor.</p> <p><input type="checkbox"/> As to which the filing has lapsed.</p>		<p>Special Types of Parties (check X in applicable box(es))</p> <p><input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Lessor" and "Lessor", respectively.</p> <p><input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor", respectively.</p> <p><input type="checkbox"/> Debtor is a Transmitting Utility.</p> <p><input type="checkbox"/> Debtor acting in representative capacity (e.g., trustee).</p>	
By: _____ Signature of Secured Party(ies) (required only if item is checked)		Title _____	
		Filed With: Delaware Secretary of State	
		Prepared By (Name and Address):	
		<input type="checkbox"/> Check to request Continuation Statement notice for additional fee.	

This Financing Statement covers the following types (or items) of property: Check only if applicable: ☒ Products of collateral are also covered.

All of Debtor's accounts, inventory, equipment, fixtures, goods, general intangibles, chattel paper, instruments, investment property, documents, deposit accounts, monies and books and records, wherever located and whether now owned or hereafter acquired, and all products and proceeds of the foregoing, as more particularly described on Exhibit A attached hereto and made a part hereof.

If the collateral is crops, the crops are growing or to be grown on the following described real estate:

If the collateral is (a) goods that are or are to become fixtures; (b) timber to be cut; or (c) minerals or the like (including oil and gas) or accounts resulting from the sale thereof at the wellhead or mine head, the description of the real estate concerned is: (check X in applicable box(es))

☐ Fixtures ☐ Timber ☐ Minerals or accounts resulting from sale thereof at wellhead or minehead

F1586456-2

And this Financing Statement is to be filed in the real estate records where a mortgage on such real estate would be recorded, if the Debtor does not have an interest of record, the name of a record owner is:

Mobex Communications, Inc.

By: [Signature] President

Signature of Debtor (or Assignor) Title

By: \_\_\_\_\_

Signature of Debtor (or Assignor) Title

THIS SPACE FOR USE OF FILING OFFICER  
(DATE, TIME, NUMBER, FILING OFFICER)

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 01:49 PM 05/16/2000  
0030309 - 0000000  
SRV: 001248193

**EXHIBIT A  
to UCC FINANCING STATEMENT**

**Description of Collateral**

**Debtor:**

Mobex Communications, Inc.  
3875 Mount Diablo Boulevard  
Suite 110  
Lafayette, California 94549

**Secured Party:**

FINOVA Capital Corporation, as Agent  
4800 North Scottsdale Road  
Scottsdale, Arizona 85251-7623

This financing statement covers the following types or items of property, whether now owned or hereafter acquired, and wherever located:

1. **Goods, Machinery, Equipment and Inventory.** All of Debtor's goods, machinery, equipment and inventory, wherever located, and all additions and accessions thereto or replacements thereof, including, but not limited to, all goods, machinery, inventory and equipment of any and every kind and description comprising, belonging to or used in connection with the operation of the business of Debtor;

2. **Accounts, General Intangibles.** All of Debtor's accounts, deposit accounts, contract rights, chattel paper, instruments, investment property, documents and general intangibles, and all additions and accessions thereto and replacements thereof, including, but not limited to, all licenses, permits, franchises, authorizations and licenses heretofore or hereafter granted or issued to Debtor by any governmental body under federal, state or local laws (excluding, however, licenses, authorizations and permits issued by the FCC and any other governmental body to the extent, and only to the extent, it is unlawful to grant a security interest in such licenses, authorizations and permits, but including, without limitation, the right to receive all proceeds derived or arising from or in connection with the assignment of such licenses, authorizations and permits), or by any other person, which permit or pertain to the operation of the business of Debtor, and all of Debtor's operating agreements, income tax refunds, copyrights, patent rights, trademarks, trade names, trade styles, goodwill, going concern value, franchise, supply and distributorship agreements, noncompetition agreements and employment contracts;

3. **Proceeds.** All proceeds (including proceeds of insurance, eminent domain and other governmental taking and tort claims) and products of the property described in 1 and 2 above; and

4. **Books and Records.** All of the books and records pertaining to the property described in 1, 2 and 3 above.

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**WARD & KLEIN, CHTD.**  
806 WEST DIAMOND AVE.  
4TH FLOOR  
GAITHERSBURG, MD 20878

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 11:06 AM 05/11/2001  
0030309 - 1042922  
SRV: 010231955

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
0030309

5/16/00

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
3. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT:** ☐ FULL ☒ PARTIAL. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor ☒ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ **CHANGE name and/or address:** Give current record name in item 5a or 5b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ **DELETE name:** Give record name to be deleted in item 5a or 5b. ☐ **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

## 6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID #: SSN OR EIN OPTIONAL ADDITIONAL ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ☐ NONE

## 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral: ☐ released or ☐ added, or give entire ☐ restated collateral description.

(91)

## 9. NAME OF SECURED PARTY OF RECORD (or if this is an Assignment name of assignor).

9a. ORGANIZATION'S NAME

FINOVA Capital Corporation, as Agent

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. REQUIRED SIGNATURE(S)  
FINOVA Capital Corporation, as Agent

11. OPTIONAL FILER REFERENCE DATA  
File with the Delaware Secretary of State.

*Rebecca Berken* Assistant Vice President

Office of the Secretary of State of Texas Web Form

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

0030309 Filed 5/16/00

13. NAME OF SECURED PARTY OF RECORD (same as item 9 on Amendment form)

13a. ORGANIZATION'S NAME

FINOVA Capital Corporation, as Agent

OR

13b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

14. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor name and address:

Mobex Communications, Inc.  
3875 Mount Diablo Boulevard, Suite 110  
Lafayette, CA 94549

Secured Party address:

4800 North Scottsdale Road  
Scottsdale, AZ 85251

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Kathleen A. Ellison, (203) 787-6327

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Kathleen A. Ellison, Legal Specialist  
 Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
 157 Church Street, 20th Floor  
 New Haven, CT 06510

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 03:37 PM 01/05/2004  
 INITIAL FILING NUM: 4001832 7  
 AMENDMENT NUMBER: 0000000  
 SRV: 040004213

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

MOBEX COMMUNICATIONS, INC.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

1725 Duke Street, Suite 630

CITY

Alexandria

STATE

VA

POSTAL CODE

22314

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

1e. TYPE OF ORGANIZATION

Corporation

1f. JURISDICTION OF ORGANIZATION

Delaware

1g. ORGANIZATIONAL ID #, if any

2461897

NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SPT) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

WALDEN CAPITAL 2, L.P., as Agent

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

780 Battery Street, Suite 700

CITY

San Francisco

STATE

CA

POSTAL CODE

94111

COUNTRY

USA

## 4. THIS FINANCING STATEMENT covers the following collateral:

Accounts as that term is defined in the Uniform Commercial Code (UCC) as in effect in any jurisdiction in which any of the collateral may be located and includes the Debtor's right to payment for goods or services sold, leased or licensed or for services rendered or money loaned which is not evidenced by an Instrument or Chattel Paper (as those terms are defined in the UCC), whether or not the Account has been earned by performance and all Proceeds thereon; provided, however, that collateral shall not include Accounts and Proceeds thereof now existing or hereinafter arising in connection with certain of the Debtor's tower facilities as specified in that certain Security Agreement, dated December 30, 2003, by and between the Debtor and the Secured Parties named therein.

Filed with the Delaware Secretary of State.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AS LIEN	NON-UCC FILING
6. THIS FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Acknowledgment (if applicable).	7. Check to REQUEST SEARCH REPORT (S) ON DEBENTURE (optional)	AD Debtors	Debtor 1	Debtor 2		
8. OPTIONAL FILER REFERENCE DATA						

383185



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

3027364300

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LEXISNEXIS DOCUMENT SOLUTIONS INC.

2711 CENTERVILLE ROAD

SUITE 400

WILMINGTON DE 19808

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 02:54 PM 02/05/2004  
INITIAL FILING NUM: 4031376 9  
AMENDMENT NUMBER: 0000000  
SRV: 040081002

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names1a. ORGANIZATION'S NAME  
MOBEX TEXAS, INC.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

1275 DUKE STREET, #630

CITY

ALEXANDRIA

STATE

VA

POSTAL CODE

22314

COUNTRY

US

1a. TYPE OF ORGANIZATION

CORPORATION

1b. JURISDICTION OF ORGANIZATION

TX

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

MOBEX COMMUNICATIONS, INC.

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

1725 DUKE STREET, #630

CITY

ALEXANDRIA

STATE

VA

POSTAL CODE

22314

COUNTRY

US

2a. TYPE OF ORGANIZATION

CORPORATION

2b. JURISDICTION OF ORGANIZATION

DE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

WIRELESS CAPITAL PARTNERS, LLC

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

2800 28TH STREET, SUITE 100

CITY

SANTA MONICA

STATE

CA

POSTAL CODE

90405

COUNTRY

US

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

# UCC FINANCING STATEMENT ADDENDUM - COLLATERAL

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
OR	9a. ORGANIZATION'S NAME MOBEX TEXAS, INC.	
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

This FINANCING STATEMENT covers the following collateral

EXHIBIT 2A?DESCRIPTION OF COLLATERALThe Financing Statement to which this Exhibit 2A? is attached covers the following collateral (collectively, the ?Property?):  
:A. That certain lease (the ?Lease?) dated as of May 21, 1986 by and between Debtor, as lessor, and Tower Leasing Corp. (?Tenant?), as lessee with respect to the premises (the ?Premises?) described therein;  
B. All rents, income, charges, fees and other revenues payable by or on behalf of Tenant to Debtor under the Lease, or otherwise with respect to the occupancy, use or enjoyment of the Premises, whether described as base rent, additional rent, holdover rent or otherwise, including without limitation any monthly rent payment payable by or on behalf of Tenant to Debtor; and  
C. All proceeds, products, replacements, additions, substitutions, renewals and accessions of any property of the types described in the preceding clauses, together with any and all after-acquired right, title or interest of Debtor in and to any property of the types described in the preceding clauses.

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Diligenz, Inc. 1-800-858-6294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
26611754	
Prepared By:	
Diligenz, Inc.	
6500 Harbour Heights Pkwy, Suite 400	
Mukilteo, WA 98275	
Filed In: Delaware (S.O.S.)	

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 07:38 PM 05/25/2007  
INITIAL FILING # 4031376 9  
AMENDMENT # 2007 2167137  
SRV: 070627067

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
4031376 9 2/5/2004

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed (for record) (or recorded) in the  
REAL ESTATE RECORDS.

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☒ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Please refer to the detailed instructions  
regarding changing the name/address of a party.

☐ DELETE name: Give record name  
to be deleted in item 6a or 6b.

☐ ADD name: Complete item 7a or 7b, and also item 7c,  
also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

MOBEX COMMUNICATIONS, INC.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

MW Cell REIT 1, LLC, a Delaware limited liability company

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

One North Wacker Drive, 9th Floor

CITY

Chicago

STATE

IL

POSTAL CODE

60606

COUNTRY

USA

7d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☒ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☒ assigned.

Full assignment of current collateral.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

WIRELESS CAPITAL PARTNERS, LLC

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

47262

26611754

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
3027364300	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
LEXISNEXIS DOCUMENT SOLUTIONS INC.	
2711 CENTERVILLE ROAD	
SUITE 400	
WILMINGTON DE 19808	

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 05:54 PM 02/06/2004  
INITIAL FILING NUM: 4033172 0  
AMENDMENT NUMBER: 0000000  
SRV: 040085296

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME MOBEX TEXAS, INC.					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1275 DUKE STREET, #630		CITY ALEXANDRIA	STATE VA	POSTAL CODE 22314	COUNTRY US
1e. TYPE OF ORGANIZATION CORPORATION		1f. JURISDICTION OF ORGANIZATION TX			

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME MOBEX COMMUNICATIONS, INC.					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 1725 DUKE STREET, #630		CITY ALEXANDRIA	STATE VA	POSTAL CODE 22314	COUNTRY US
2e. TYPE OF ORGANIZATION CORPORATION		2f. JURISDICTION OF ORGANIZATION DE			

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR/S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME WIRELESS CAPITAL PARTNERS, LLC					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2800 28TH STREET, SUITE 100		CITY SANTA MONICA	STATE CA	POSTAL CODE 90405	COUNTRY US

6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

# UCC FINANCING STATEMENT ADDENDUM - COLLATERAL

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME	MOBEX TEXAS, INC.	
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

This FINANCING STATEMENT covers the following collateral

EXHIBIT 7A?DESCRIPTION OF COLLATERALThe Financing Statement to which this Exhibit 7A? is attached covers the following collateral (collectively, the ?Property?):A. That certain lease (the ?Lease?) dated as of September 7, 1990 by and between Debtor, as lessor, and Mobile Radio Communications, Inc. (?Tenant?), as lessee with respect to the premises (the ?Premises?) described therein;B. All rents, income, charges, fees and other revenues payable by or on behalf of Tenant to Debtor under the Lease, or otherwise with respect to the occupancy, use or enjoyment of the Premises, whether described as base rent, additional rent, holdover rent or otherwise, including without limitation any monthly rent payment payable by or on behalf of Tenant to Debtor; andC. All proceeds, products, replacements, additions, substitutions, renewals and accessions of any property of the types described in the preceding clauses, together with any and all after-acquired right, title or interest of Debtor in and to any property of the types described in the preceding clauses.

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Diligenz	8008585294
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
DILIGENZ, INC.	
6500 HARBOR HEIGHTS PARKWAY	
SUITE 400	
MCKINNEY WA 98275	

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 12:47 PM 05/23/2007  
INITIAL FILING # 4033172 0  
AMENDMENT # 2007 1944940  
SRV: 070607355

1a. INITIAL FINANCING STATEMENT FILE # 4033172 0	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input type="checkbox"/> REAL ESTATE RECORDS.
---	---

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☒ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME				
WIRELESS CAPITAL PARTNERS, LLC				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME				
MW CELL REIT 1, LLC, A DELAWARE LIMITED LIABILITY COMPANY				
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ONE NORTH WACKER DRIVE, 9TH FLOOR	CHICAGO	IL	60606	US
7d. TYPE OF ORGANIZATION		7e. JURISDICTION OF ORGANIZATION		

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☒ assigned.

All collateral as assigned.

9. NAME of SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT

WIRELESS CAPITAL PARTNERS, LLC

10. OPTIONAL FILER REFERENCE DATA

47262 [26611761]

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Diligenz	8008585294
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
DILIGENZ, INC.	
6500 HARBOR HEIGHTS PARKWAY	
SUITE 400	
MORTLAND WA 98275	

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 12:47 PM 05/23/2007  
INITIAL FILING # 4033172 0  
AMENDMENT # 2007 1944957  
SRV: 070607356

1a. INITIAL FINANCING STATEMENT FILE #	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.
4033172 0	<input type="checkbox"/>

2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
--

3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
--

4. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.
---

5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.		
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.		
<input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	<input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.	<input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
WIRELESS CAPITAL PARTNERS, LLC			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
MW CELL REIT 1, LLC, A DELAWARE LIMITED LIABILITY COMPANY			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX

7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
ONE NORTH WACKER DRIVE, 9TH FLOOR		CHICAGO	IL	60606	US
7d. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION			

8. AMENDMENT (COLLATERAL CHANGE): check only one box.	
Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input checked="" type="checkbox"/> assigned.	
All collateral as assigned.	

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT	
WIRELESS CAPITAL PARTNERS, LLC	

10. OPTIONAL FILER REFERENCE DATA	
47262	[26611782]

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

**C. Wade Cooper (512) 236-2220**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**C. Wade Cooper  
Jackson Walker L.L.P.  
100 Congress Avenue  
Suite 1100  
Austin, Tx 78701-4099**

DELAWARE DEPARTMENT OF STATE

U.C.C. FILING SECTION

FILED 04:58 PM 07/21/2005

INITIAL FILING NUM: 5225764 1

AMENDMENT NUMBER: 0000000

SRV: 050604624

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

**Mobex Communications, Inc.**

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

**2934 Fox Tail Court**

CITY

**Woodbridge**

STATE

**VA**

POSTAL CODE

**22192**

COUNTRY

**USA**

1d. ADDITIONAL INFORMATION

ADDL INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

**Corporation**

1f. JURISDICTION OF ORGANIZATION

**Delaware**

1g. ORGANIZATIONAL ID #, if any

**2461897**☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. ADDITIONAL INFORMATION

ADDL INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

**Ericsson Inc.**

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

**Plano**

STATE

**TX**

POSTAL CODE

**75024**

COUNTRY

**USA**

4. This FINANCING STATEMENT covers the following collateral:

**All assets of Debtor of any kind or nature whatsoever, whether tangible or intangible, and whether now owned or hereafter acquired.**

5. ALTERNATIVE DESIGNATION (if applicable)	LESSOR/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILO	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. THIS FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Affidavit	7. Check to REQUEST SEARCH REPORT (if on Debtor's) (Additional Fee)	8. OPTIONAL FILER REFERENCE DATA	9. All Debtors	Debtor 1	Debtor 2	

106448.128 [Filing Jurisdiction: Delaware Secretary of State]

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02) International Association of Commercial Administrators (IACA)



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
David Predmore	2022889656
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
MOBEK COMMUNICATIONS, INC.	
2934 FOX TAIL COURT	
WOODBIDGE VA 22192	

DELAWARE DEPARTMENT OF STATE  
U.C.C. FILING SECTION  
FILED 11:49 AM 08/23/2005  
INITIAL FILING NUM: 5261705 9  
AMENDMENT NUMBER: 0000000  
SRV: 050693517

**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
MOBEK COMMUNICATIONS, INC					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2934 FOX TAIL COURT		WOODBIDGE	VA	22192	US
1a. TYPE OF ORGANIZATION		1f. JURISDICTION OF ORGANIZATION			
CORPORATION		DE			

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION			

**3. SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME					
COMMITIGATE, LLC					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
4002 UNIVERSITY DRIVE		FAIRFAX	VA	22030	US

6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
--	---	--------------------------------------	-----------------------------------	-----------------------------------

**8. OPTIONAL FILER REFERENCE DATA**

CoMitigate, LLC

# UCC FINANCING STATEMENT ADDENDUM - COLLATERAL

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME		
	MOBEX COMMUNICATIONS, INC		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

This FINANCING STATEMENT covers the following collateral

All assets of Debtor, All Monies, accounts, proceeds of any sale(s) of assets, chattel, receivables. All of the Debtors interest in the telecommunications spectrum, and all related licenses, authorizations and permits, including, without limitation, the right to receive all proceeds derived or arising from or in connection with the assignment or transfer of, or transfer of control over such licenses, authorizations and permits. All funds received through the sale or liquidation of any right title or interest in Mobex Network Services, LLC assets and, or stock.

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

If to be filed with Recorder of Deeds Indicate Tax Parcel No.(s).

No. of additional sheets presented 1

PARTIES	PARTIES
Debtor (or Assignor) (last name first if individual) and mailing address: Mobex Communications, Inc. 3675 Mount Diablo Boulevard, Suite 110 LAFAYETTE, CA 94549	Secured Party(ies) (last name first if individual) and address: FINOVA Capital Corporation, as Agent 4800 North Scottsdale Road SCOTTSDALE, AZ 85251
Debtor (or Assignor) (last name first if individual) and mailing address:	Assignee (if any) of Secured Party(ies) and address of Assignee:
<p>This statement is filed without the Debtor's signature to perfect a security interest in collateral (check X in applicable box(es))</p> <p><input type="checkbox"/> Already subject to a security interest in another jurisdiction when it was brought into this State.</p> <p><input type="checkbox"/> Already subject to a security interest in another jurisdiction when the Debtor's location changed to this State.</p> <p><input type="checkbox"/> Which is proceeds of the original collateral described below in which a security interest is perfected.</p> <p><input type="checkbox"/> Acquired after a change of name, identity or corporate structure of Debtor.</p> <p><input type="checkbox"/> As to which the filing has lapsed.</p> <p>FINOVA Capital Corporation, as Agent</p>	<p>Special Types of Parties (check X in applicable box(es))</p> <p><input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Lessee" and "Lessor", respectively.</p> <p><input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor", respectively.</p> <p><input type="checkbox"/> Debtor is a Transmitting Utility.</p> <p><input type="checkbox"/> Debtor acting in representative capacity (e.g., as trustee).</p> <p>Filed With: DE-SOS</p> <p>Prepared By (Name And Address): LEXIS DOCUMENT SERVICES INC PO BOX 2969 SPRINGFIELD, IL 62706</p> <p><input type="checkbox"/> Check to request Continuation Statement notice for additional fee.</p>
By: _____ Signature of Secured Party(ies) Title (Required only if item is checked)	

This Financing Statement covers the following types (or items) of property: Check only if applicable: ☒ Products of collateral are also covered. All of the right, title and interest of Debtor in and to the membership interests of Regionet Wireless Operations, LLC, a Delaware limited liability company and Regionet Wireless License, LLC, a Delaware limited liability company (the "Companies"), and all warrants, options and other rights to purchase membership interests of the Companies, and all of the general intangibles and other rights and property associated therewith, whether now owned or hereafter acquired, together with the proceeds thereof, all as more particularly described on Exhibit A attached hereto and made a part hereof.

If the collateral is crops, the crops are growing or to be grown on the following described real estate:

If the collateral is (a) goods that are or are to become fixtures; (b) timber to be cut; or (c) minerals or the like (including oil and gas) or accounts resulting from the sale thereof at the wellhead or minehead, the description of the real estate concerned is: (check X in applicable box(es))

☐ Fixtures ☐ Timber ☐ Minerals or accounts resulting from sale thereof at wellhead or minehead



1583730-4 SLY

And this Financing Statement is to be filed in the real estate records where a mortgage on such real estate would be recorded. If the Debtor does not have an interest of record, the name of a record owner is:

Mobex Communications, Inc.

By: \_\_\_\_\_  
Signature of Debtor (or Assignor) Title  
CFO

By: \_\_\_\_\_  
Signature of Debtor (or Assignor) Title

THIS SPACE FOR USE OF FILING OFFICER  
(DATE, TIME, NUMBER, FILING OFFICER)

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 03:00 PM 05/10/2000  
0029153 - 0000000  
SRV: 001237594

**EXHIBIT A**  
**to UCC FINANCING STATEMENT**

**Description of Collateral**

**Debtor:**

Mobex Communications, Inc.  
3875 Mount Diablo Boulevard  
Suite 110  
Lafayette, California 94549

**Secured Party:**

FINOVA Capital Corporation, as Agent  
4800 North Scottsdale Road  
Scottsdale, Arizona 85251-7623

This financing statement covers the following types or items of property, whether now owned or hereafter acquired, and wherever located:

All of the membership and other equity interests in Regionet Wireless Operations LLC and Regionet Wireless License LLC, each a Delaware limited liability company (the "Companies"), and any warrants, options or other rights to purchase membership or other equity interests in the Companies (collectively referred to herein as the "Membership Interests"), and all distributions, other amounts, additional membership or other equity interests in the Companies or any successor in interest to the Companies and all other real, personal, mixed, tangible or intangible property to which Debtor or any successor in interest to Debtor (with or without additional consideration) is or becomes entitled by virtue of the ownership of any of the Membership Interests, or as the result of any reorganization, merger, consolidation, distribution, conversion, preemptive right or otherwise, and the proceeds thereof, including, without limitation, (i) Debtor's right, title and interest in and to the profits and losses of the Companies or any successor in interest to the Companies, (ii) all rights, privileges, authority and powers of Debtor as owner or holder of Membership Interests, including all voting and contract rights related thereto, and (iii) any documents, instruments or certificates representing or evidencing Membership Interests.

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY


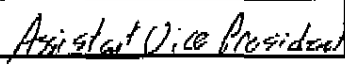
STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 11:06 AM 05/11/2001  
0029153 - 1042921  
SRV: 010231959

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
WARD & KLEIN, CHTD. 806 WEST DIAMOND AVE. 4TH FLOOR GAITHERSBURG, MD 20878

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 0029153	5/10/00	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.		
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.		
4. ASSIGNMENT: <input type="checkbox"/> FULL or <input type="checkbox"/> PARTIAL. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c, and complete items 7d-7g (if applicable).		
6. CURRENT RECORD INFORMATION:		
6a. ORGANIZATION'S NAME		
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME
		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		
7a. ORGANIZATION'S NAME		
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME
		SUFFIX
7c. MAILING ADDRESS		
7d. TAX ID # SSN OR EIN		
7e. TYPE OF ORGANIZATION		
7f. JURISDICTION OF ORGANIZATION		
7g. ORGANIZATIONAL ID #, if any		
<input type="checkbox"/> NONE		
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral <input type="checkbox"/> released or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description.		

(89)

9. NAME OF SECURED PARTY OF RECORD (or if this is an Assignment name of assignor).			
9a. ORGANIZATION'S NAME			
FINOVA Capital Corporation, as Agent			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
10. REQUIRED SIGNATURE(S)		11. OPTIONAL FILER REFERENCE DATA	
FINOVA Capital Corporation, as Agent		File with the Delaware Secretary of State.	
 			

Office of the Secretary of State of Texas Web Form

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as Item 1a on Amendment form)

0029153

Filed 5/10/00

13. NAME OF SECURED PARTY OF RECORD (same as Item 9 on Amendment form)

13a. ORGANIZATION'S NAME

FINOVA Capital Corporation, as Agent

OR

13b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

14. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor name and address:

— Mobex Communications, Inc.  
3675 Mount Diablo Boulevard, Suite 110  
Lafayette, CA 94549

Secured Party address:

4800 North Scottsdale Road  
Scottsdale, AZ 85251